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## Bethesda, Maryland 20814-1621

## 301-581-9200

**APPLICATION FOR INCREASE OR RECLASSIFICATION**

**OF RESIDENCY POSITIONS**

Increases in or reclassification of residency positions are considered and authorized by the Residency Review Committee. The application must be submitted prior to activation or reclassification of the residency position(s), preferably at least six months before the anticipated effective date. The effective date of granting an authorization of increased or reclassified residency positions by the RRC will be no earlier than the date on which the program has both authorization of the increase and the additional resident(s) in place or reclassification of the program. **A program on probationary approval may not request an increase in or reclassification of positions.**

**Two flash drives** of this form and of the documentation in response to items 6–8 and permission for members of the committee to review the logs online must be submitted to the CPME office. **Hand-written responses and hard copy documentation will not be accepted.**

A **$500 application fee**, made payable to the Council on Podiatric Medical Education, must accompany the application. The application will not be processed until the sponsoring institution submits all required materials, including the application fee.

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| 1. **Sponsoring Institution Information**
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| Sponsoring institution |       |
| Address 1 |       |
| Address 2 |       |
| City/State/Zip |       |

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| 1. **Co-sponsoring Institution Information (if applicable)**
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| Co-sponsoring institution |       |
| Address 1 |       |
| Address 2 |       |
| City/State/Zip |       |

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| 1. **Program Information** (as defined in CPME 320, *Standards and Requirements for Approval of Podiatric Medicine and Surgery Residencies (*July 2015)
 |
| **Category** | **Length in Months** | **Number of Approved Positions** | **Requested Change(s)** |
| [ ]  PMSR | [ ]  36 | [ ]  48 | /// | [ ]  Increase in Positions | [ ]  Decrease in Positions | [ ]  Reclassification |
| [ ]  PMSR/RRA | [ ]  36 | [ ]  48 | /// | [ ]  Increase in Positions | [ ]  Decrease in Positions |  |
| ***Note*** *– Programs reclassifiying from PMSR/RRA to PMSR should refer to CPME 330, page 24 for information related to required documents and the reclassification process.* |

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| 1. **Proposed Revisions**
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| **Category** | **Length in Months** | **Number of Proposed Positions** | **Anticipated Effective Date** | **Comments** |
| [ ]  PMSR | [ ]  36  | [ ]  48  | /// |       |       |
| [ ]  PMSR/RRA | [ ]  36  | [ ]  48  | /// |       |       |

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| 1. **Podiatric and Non–Podiatric Staff.**
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| The request is based on an increases in active podiatric staff and/or non-podiatric medical staff. ***If yes, please complete the chart below. If no, proceed to question 6*** | [ ]  Yes [ ]  No |
| **Name and Degree***(DPM, MD, DO)* | **Certification***(e.g. ABPM, ABFAS)* | **Type of training** | **Category and Volume of Cases*****(recent 12 moths)***  | **Anticipated increase in Volume***(% of cases)* |
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| Comments: |       |

| 1. **Training Resources:** Identify any changes to current rotations (increase or decrease in the length of training). If the program has either developed new or revised existing rotations, **provided an updated copy of the training schedule for all three years of training and competencies and assessments for each new or revised rotation(s).**
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| **Rotation** | **Changes** | **Length** | **Format** | **Location** |
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| Comments: |       |

| 1. **New Training Site(s):** If training is offered for the first time in another institution(s), provide the following information for each training site (e.g., hospital, surgery center, private practice office). For each institution identified below, provide **copies of accreditation documents** (e.g. Joint Commission and AAAHC) and **copies of executed affiliation agreements** between the sponsoring institution and the affiliates.
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| **Name** | **City, State** | **Accredited****By** | **Percentage****of Training** | **Date Affiliation Signed/****Effective Date** | **Coordinator** |
| **Staff?** | **Name** |
|       |       |  |       |  |  |       |
|       |       |  |       |  |  |       |
|       |       |  |       |  |  |       |
|       |       |  |       |  |  |       |
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| Comments: |       |

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| 1. **Supplemental Materials for Reclassification:** Programs requesting reclassification from PMSR to PMSR/RRA must provide the following documents:
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|  | Executed PMSR/RRA contracts or letters of appointment between the sponsoring institution(s) and the residents affected by the change. |
|  | Copy of the certificate to be awarded the resident upon completion of training. **Please refer to the sample certificates on CPME’s website for additional information related to certificates.** |
|  | Letters of attestation from current and incoming residents affected by the change |
|  | If the Institution is reclassifying a portion of the approved PMSR positions to PMSR/RRA, explanation as to how the institution will determine which resident(s) will be offered the added credential |
|  | Revised training schedule. This information is required from programs requesting a change in the length of the training program (i.e. from 36 to 48 months or from 38–36 months of training) |

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| **The statistics below cover the period from**       **to**      **.** To determine the institution’s ability to support the number of requested residency positions, multiply the number of residents requested per year by the Minimum Activity Volume (MAV) requirement per resident. For example: If a program is requesting two residents per year (2/2/2), the reported volume of biomechanical cases over a 12–month period should be 150 (75 x 2). The Residency Review Committee, however, expects the reported volume to exceed the MAV to allow for fluctuations in the availability of cases and resident logging errors. |
| **Case Activities** | **Volume** |
| Podiatric clinic/office encounters *(minimum 1,000 per resident)* |       |
| Podiatric surgical cases *(minimum 300 per resident)* |       |
| Trauma cases *(minimum 25 per resident)* |       |
| Podopediatric cases *(minimum 25 per resident)* |       |
| Biomechanical cases (utilizing the definition in the CPME 320, July 2015) *(minimum 75 per resident)* |       |
| Comprehensive medical histories and physical examinations *(minimum 50 per resident)* |       |

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| **Category 1: Digital Surgery**  |
| **Range of CPT Codes** | **Description** | **Code Number** | **Number of Procedures** |
| 28108, 28124, 28126, 28153 | Partial ostectomy/exostectomy | 1.1 |       |
| 28150 | Phalangectomy | 1.2 |       |
| 28024, 28160, 28285, 28286 | Arthroplasty (interphalangeal joint [IPJ]) | 1.3 |       |
|  | Implant (IPJ) | 1.4 |       |
| 28160 | Diaphysectomy | 1.5 |       |
| 28310, 28312 | Phalangeal osteotomy | 1.6 |       |
| 28285, 28755  | Fusion (IPJ) | 1.7 |       |
| 28820, 28825 | Amputation | 1.8 |       |
| 28108, 28175 | Management of osseous tumor/neoplasm | 1.9 |       |
| 28005, 28124 | Management of bone/joint infection | 1.10 |       |
| 28505, 28525 | Open management of digital fracture/dislocation | 1.11 |       |
|  | Revision/repair of surgical outcome | 1.12 |       |
| 28280, 28531 | Other osseous digital procedure not listed above | 1.13 |       |
| **Total Number of Procedures** *(minimum 80 per resident)* |       |

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| **Category 2: First Ray Surgery – Hallux Valgus**  |
| **Range of CPT Codes** | **Description** | **Code Number** | **Number of Procedures** |
| 28290 | Bunionectomy (partial ostectomy/Silver procedure) | 2.1.1 |       |
| 28292 | Bunionectomy with capsulotendon balancing procedure | 2.1.2 |       |
| 28298-99 | Bunionectomy with phalangeal osteotomy | 2.1.3 |       |
| 28296, 28299, 28306 | Bunionectomy with distal first metatarsal osteotomy | 2.1.4 |       |
| 28296, 28299, 28306 | Bunionectomy with first metatarsal base or shaft osteotomy | 2.1.5 |       |
| 28297, 28299 | Bunionectomy with first metatarsocuneiform fusion | 2.1.6 |       |
| 28750 | Metatarsophalangeal joint (MPJ) fusion | 2.1.7 |       |
| 28293 | MPJ implant | 2.1.8 |       |
| 28270 | MPJ arthroplasty | 2.1.9 |       |
| **Total Number of Procedures** |       |

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| **Category 2: First Ray Surgery – Hallux Limitus** |
| **Range of CPT Codes** | **Description** | **Code Number** | **Number of Procedures** |
| 28289 | Cheilectomy | 2.2.1 |       |
| 28310 | Joint salvage with phalangeal osteotomy (Kessel-Bonney, enclavement) | 2.2.2 |       |
| 28296, 28306 | Joint salvage with distal metatarsal osteotomy | 2.2.3 |       |
| 28296, 28306 | Joint salvage with first metatarsal shaft or base osteotomy | 2.2.4 |       |
| 28297 | Joint salvage with first metatarsocuneiform fusion | 2.2.5 |       |
| 28750 | MPJ fusion | 2.2.6 |       |
| 28293 | MPJ implant | 2.2.7 |       |
| 28292 | MPJ arthroplasty | 2.2.8 |       |
| **Total Number of Procedures** |       |

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| **Category 2 First Ray Surgery – Other First Ray** |
| **Range of CPT Codes** | **Description** | **Code Number** | **Number of Procedures** |
| 28294 | Tendon transfer/lengthening/capsulotendon balancing procedure | 2.3.1 |       |
| 28306-7 | Osteotomy (e.g., dorsiflexory) | 2.3.2 |       |
| 28615, 28740 | Metatarsocuneiform fusion (other than for hallux valgus or hallux limitus) | 2.3.3 |       |
| 28810, 28820 | Amputation | 2.3.4 |       |
| 28104-6,  | Management of osseous tumor/neoplasm (with or without bone graft) | 2.3.5 |       |
| 28002-5, 28122  | Management of bone/joint infection (with or without bone graft) | 2.3.6 |       |
| 28485, 28645  | Open management of fracture or MPJ dislocation | 2.3.7 |       |
| 28306-7 | Corticotomy/callus distraction | 2.3.8 |       |
| 28322 | Revision/repair of surgical outcome (e.g., non-union, hallux varus) | 2.3.9 |       |
| 28111, 28760, 28899 | Other first ray procedure not listed above | 2.3.10 |       |
| **Total Number of Procedures** |       |
| **Total Number of Category 2 Hallux Valgus, Hallux Limitus, and Other First Ray Procedures** *(minimum 60 per resident)* |       |

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| **Category 3: Other Soft Tissue Foot Surgery**  |
| **Range of CPT Codes** | **Description** | **Code Number** | **Number of Procedures** |
| 28315 | Excision of ossicle/sesamoid | 3.1 |       |
| 28080, 64776 | Excision of neuroma | 3.2 |       |
| 10121, 11011-12, 28020-4, 28192-93 | Removal of deep foreign body (excluding hardware removal) | 3.3 |       |
| 28008, 28060, 28062, 29893 | Plantar fasciotomy | 3.4 |       |
| 28270 | Lesser MPJ capsulotendon balancing | 3.5 |       |
| 28200-34 | Tendon repair, lengthening, or transfer involving the forefoot (including digital flexor digitorum longus transfer) | 3.6 |       |
| 28615 | Open management of dislocation (MPJ/tarsometatarsal) | 3.7 |       |
| 10180, 11043-44, 20000, 20005, 20103, 28001-3  | Incision and drainage/wide debridement of soft tissue infection (including plantar space) | 3.8 |       |
| 28060-2 | Plantar fasciectomy | 3.9 |       |
| 11400-426, 11600-646, 28039-47, 28050-54, 28092  | Excision of soft tissue tumor/mass of the foot (without reconstructive surgery) | 3.10 |       |
|  | *Procedure code number no longer used* | 3.11 |       |
| 14020-21, 14040-41, 14300, 14350, 15050, 15240-41, 15738, 15740, 15750, 15756-58, 20969-73, 28280, 28286, 28313, 28340-45, 28360 | Plastic surgery techniques (including skin graft, skin plasty, flaps, syndactylization, desyndactylization, and debulking procedures limited to the forefoot) | 3.12 |       |
| 28020-24, 28050, 64727 | Microscopic nerve/vascular repair (forefoot only) | 3.13 |       |
|  | Other soft tissue procedures not listed above (limited to the foot) | 3.14 |       |
| 27615-16, 27618-19, 27632, 27634 | Excision of soft-tissue tumor/mass of the ankle (without reconstructive surgery) | 3.15 |       |
| 28035, 28055, 64702, 64704, 64722, 64726 | External neurolysis/decompression (including tarsal tunnel) | 3.16 |       |
| **Total Number of Procedures** *(minimum 45 per resident)* |       |

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| **Category 4: Other Osseous Foot Surgery** |
| **Range of CPT Codes** | **Description** | **Code Number** | **Number of Procedures** |
| 27640-41, 28116, 28118-20, 28122, 28288 | Partial ostectomy (distal to and including the talus) | 4.1 |       |
| 28052, 28234, 28645 | Lesser MPJ arthroplasty | 4.2 |       |
| 28110 | Bunionectomy of the fifth metatarsal without osteotomy | 4.3 |       |
| 28112-14 | Metatarsal head resection (single or multiple) | 4.4 |       |
| 28899 | Lesser MPJ implant | 4.5 |       |
| 28308-9 | Central metatarsal osteotomy | 4.6 |       |
| 28308 | Bunionectomy of the fifth metatarsal with osteotomy | 4.7 |       |
| 28485 | Open management of lesser metatarsal fractures | 4.8 |       |
| 20900, 20902 | Harvesting of bone graft distal to the ankle | 4.9 |       |
| 28805, 28810 | Amputation (lesser ray, transmetatarsal amputation) | 4.10 |       |
| 20005, 28005 | Management of bone/joint infection distal to the tarsometatarsal joints (with or without bone graft) | 4.11 |       |
| 28171, 28173 | Management of bone tumor/neoplasm distal to the tarsometatarsal joints (with or without bone graft) | 4.12 |       |
| 28615 | Open management of tarsometatarsal fracture/dislocation | 4.13 |       |
| 28308-9 | Multiple osteotomy management of metatarsus adductus | 4.14 |       |
| 27840, 28730, 28735 | Tarsometatarsal fusion | 4.15 |       |
| 28899 | Corticotomy/callus distraction of lesser metatarsal | 4.16 |       |
| 28320, 28322 | Revision/repair of surgical outcome in the forefoot | 4.17 |       |
| 28130, 28140 | Other osseous procedures not listed above (distal to the tarsometatarsal joint) | 4.18 |       |
| 28118 | Detachment/reattachment of Achilles tendon with partial ostectomy | 4.19 |       |
| **Total Number of Procedures** *(minimum 40 per resident)* |       |

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| **Category 5: Reconstructive Rearfoot and Ankle Surgery – Elective Soft Tissue**  |
| **Range of CPT Codes** | **Description** | **Code Number** | **Number of Procedures** |
| 14020-21, 14040-41, 14300, 14350 | Plastic surgery techniques involving the midfoot, rearfoot, or ankle | 5.1.1 |       |
| 27690-92 | Tendon transfer involving the midfoot, rearfoot, ankle, or leg | 5.1.2 |       |
| 27685-87, 28240 | Tendon lengthening involving the midfoot, rearfoot, ankle, or leg | 5.1.3 |       |
| 28260-4 | Soft tissue repair of complex congenital foot/ankle deformity (clubfoot, vertical talus) | 5.1.4 |       |
| 27698 | Delayed repair of ligamentous structures | 5.1.5 |       |
| 27654, 27659, 27665, 27675-6, 27685-86, 27698, 28238 | Ligament or tendon augmentation/supplementation/restoration | 5.1.6 |       |
| 27625-6 | Open synovectomy of the rearfoot/ankle | 5.1.7 |       |
| 28035 | *Procedure code number no longer used* | 5.1.8 |       |
| 27630 | Other elective rearfoot reconstructive/ankle soft tissue surgery not listed above | 5.1.9 |       |
| **Total Number of Procedures** |       |

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| **Category 5: Reconstructive Rearfoot and Ankle Surgery – Elective Osseous** |
| **Range of CPT Codes** | **Description** | **Code****Number** | **Number of Procedures** |
| 29891-92, 29894-95, 29897-8, 29904-7 | Operative arthroscopy | 5.2.1 |       |
| 28118  | *Procedure code number no longer used* | 5.2.2 |       |
| 28899 | Subtalar arthroeresis | 5.2.3 |       |
| 27870-71, 28705, 28715, 28725, 28730, 28735, 28737, 28740, 29899, 29907 | Midfoot, rearfoot, or ankle fusion | 5.2.4 |       |
| 27705-9, 27712, 27715, 28300, 28302, 28304-5 | Midfoot, rearfoot, or tibial osteotomy | 5.2.5 |       |
| 28116 | Coalition resection | 5.2.6 |       |
| 28446 | Open management of talar dome lesion (with or without osteotomy) | 5.2.7 |       |
| 27610, 27612, 27620, 27625-26 | Ankle arthrotomy with removal of loose body or other osteochondral debridement | 5.2.8 |       |
| 27702-3 | Ankle implant | 5.2.9 |       |
| 27705, 27707, 27709, 27715, 28899  | Corticotomy or osteotomy with callus distraction/correction of complex deformity of the midfoot, rearfoot, ankle, or tibia | 5.2.10 |       |
| 27700, 27720, 27722, 27724-6, 27745 | Other elective rearfoot reconstructive/ankle osseous surgery not listed above | 5.2.11 |       |
| **Total Number of Procedures** |       |

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| **Category 5: Reconstructive Rearfoot and Ankle Surgery – Non–Elective Soft Tissue** |
| **Range of CPT Codes** | **Description** | **Code Number** | **Number of Procedures** |
| 27650, 27652, 27658, 27664 | Repair of acute tendon injury | 5.3.1 |       |
| 27695-96 | Repair of acute ligament injury | 5.3.2 |       |
| 64727 | Microscopic nerve/vascular repair of the midfoot, rearfoot, or ankle | 5.3.3 |       |
| 28043, 28045-46 | Excision of soft tissue tumor/mass of the foot (with reconstructive surgery) | 5.3.4 |       |
|  | *Procedure code number no longer used* | 5.3.5 |       |
| 27846, 27848, 28555, 28585  | Open repair of dislocation (proximal to tarsometatarsal joints) | 5.3.6 |       |
| 27600, 27892-4 | Other non-elective rearfoot reconstructive/ankle soft tissue surgery not listed above | 5.3.7 |       |
| 27615-16, 27618-19, 27632, 27634 | Excision of soft tissue tumor/mass of the ankle (with reconstructive surgery) | 5.3.8 |       |
| **Total Number of Procedures** |       |

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| **Category 5: Reconstructive Rearfoot and Ankle Surgery – Non-Elective Osseous** |
| **Range of CPT Codes** | **Description** | **Code Number** | **Number of Procedures** |
| 28465, 28555 | Open repair of adult midfoot fracture | 5.4.1 |       |
| 28415, 28420, 28445, 28465 | Open repair of adult rearfoot fracture | 5.4.2 |       |
| 27758-9, 27766, 27769, 27784, 27792, 27814, 27822-23, 27826-29, 27832 | Open repair of adult ankle fracture | 5.4.3 |       |
| 27758-9, 27766, 27769, 27784, 27792, 27814, 27822-23, 27826-29, 27832 | Open repair of pediatric rearfoot/ankle fractures or dislocations | 5.4.4 |       |
| 27635, 27637-38, 27645-7, 28100-4, 28106-7 | Management of bone tumor/neoplasm (with or without bone graft) | 5.4.5 |       |
| 20005, 27603-4, 27607, 27610  | Management of bone/joint infection (with or without bone graft) | 5.4.6 |       |
| 27888, 28800  | Amputation proximal to the tarsometatarsal joints | 5.4.7 |       |
| 27889, 28585 | Other non-elective rearfoot reconstructive/ankle osseous surgery not listed above | 5.4.8 |       |
| **Total Number of Procedures** |       |
| **Total Number of Category 5 Elective Soft Tissue, Elective Osseous, Non–Elective Soft Tissue, and Non-Elective Osseous Procedures** *(minimum 50 per resident for PMSR/RRA programs only)* |       |

By signing this form, the chief administrative officer(s) and the program director confirm the commitment of the institution(s) in providing podiatric residency training.

Chief administrative officer (or DIO) Date

Chief administrative officer of co–sponsoring institution (if applicable) Date

Program director Date